

Appl. No. 09/954,475
Amdt. Dated October 9, 2003
Reply to Office Action of July 9, 2003



Attorney Docket No. 81790.0211
Customer No.: 26021

Handwritten: #12/13
10/20/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Koichi GEN-EI et al.

Serial No: 09/954,475

Filed: September 14, 2001

For: SEMICONDUCTOR LASER WHICH
REMOVES INFLUENCES FROM
RETURNING LIGHT OF THREE
BEAMS AND METHOD OF
MANUFACTURING THE SAME

Art Unit: 2828

Examiner: Dung T. Nguyen

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Non Fee Amendment
P. O. Box 1450,
Commissioner for Patents
Alexandria, VA 22313-1450, on

October 9, 2003

Date of Deposit

Anthony J. Orler, Reg. No. 41,232

Name

Handwritten signature

Signature

10/09/2003

Date

AMENDMENT

Mail Stop Non Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 9, 2003, please amend the above identified patent application as follows:

Amendments to the Claims are reflected in the Listing of the Claims, which begins on Page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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Examiner: M. NGUYEN

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 Name
 Signature
 Date 10/09/03

Mail Stop Non-Fee Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	25	-	31 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-	5 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

 Respectfully submitted,
 HOGAN & MARTSON, L.L.P.

By:

 Anthony J. Orler
 Registration No. 41,232
 Attorney for Applicant(s)

Date: October 9, 2003

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